THE CHIRONIAN

The Chironian is owned by the Alumni Association of the New York Homeopathic Medical College and Flower Hospital and published by the EXAMINER PUBLISHING HOUSE at 9 North Queen Street, Lancaster, Pa. It is issued monthly as the official journal of the alumni and students and is devoted to the interest of their Alma Mater. Original articles, alumni and undergraduate notes, book reviews and all reading matter of value to The Chironian should be sent to the Editor, E. R. Eaton, Flower Hospital, New York City.

Table of Contents

PAGE.

THE MOULDING OF THE BRAIN CASE. *Frederick W. Seward, Jr.*... 173

THE RELATION OF THE SPLEEN TO BLOOD DISEASES, FROM THE SURGIAL ASPECT. *F. A. Cummins* 186

EDITORIAL 189

OBITUARY 192

ALUMNI NOTES 196

AN INVALID'S REQUEST 204

All subscriptions, advertisements, and other matters of business should be addressed to **Office of Publication at Lancaster, Pa.**, or mailed to Business Manager, H. R. Barrows, Flower Hospital, New York. All orders for reprints must be in within ten days after publication.

Subscription Price, $1.00 per Year. Single Copy, 10 Cents.

ENTERED AS SECOND CLASS MATTER AT POST OFFICE AT LANCASTER, PA.

Officers of the Alumni Association of the New York Homeopathic Medical College and Flower Hospital

President—J. W. ALLEN, '95, New York.

1st Vice-President—HAROLD A. FOSTER, '05, New York.

2nd Vice-President—H. S. WILLARD, '96, Paterson, N. J.

3rd Vice-President—WARD R. NOYES, '96, Brattleboro, Vt.

Executive Officer—RUDOLPH F. RABE, '96, New York.

Recording Secretary—*GEORGE C. DOMINICK, '04, New York.

Corresponding Secretary—DANIEL E. S. COLEMAN, '01, New York.

Treasurer—WALLACE B. HOUSE, '99, New York.

Necrologist—JOHN H. STORER, '91, New York.

Alumnus Trustee—W. W. BLACKMAN, '77, Brooklyn, N. Y.

Directors

Le Roy B. Sherman, '89, 325 W. 14th St., N. Y.

Charles E. Birch, '91, White Plains, N Y.

H. D. Schenck, '84, 75 Halsey St., Brooklyn, N. Y.

Fred M. Dearborn, '00, 55th St. and 7th Ave., "The Wyoming," N. Y

Robert L. Wood, '04, Brooklyn, N. Y.

G. B. Best, '87, Englewood, N. J

* Deceased.

THE CHIRONIAN

"In Essentials, Unity; In Non-Essentials, Liberty; In All Things, Charity."

VOLUME XXXIII NOVEMBER 1916 NUMBER 5

The Moulding of the Brain Case*

BY

FREDERICK W. SEWARD, JR., CLASS OF 1898.

IN presenting this subject it will be necessary to turn for a moment to the formation of the earth, and then to the laws of evolution in general, and then in particular, as they apply to the brain, before we can take up the subject of the construction and moulding of the skull or brain case.

From the time of the solidification of the earth's crust up to the present time, the history of the earth is called geology, and we turn first in that diretcion, as geology is nature's unerring recorder.

There we find that the first rocks formed were of a high temperature and that primitive atmospheric condensation brought down scalding liquids. Obviously no life existed upon our planet at such a time. However, as ages succeeded ages the crust cooled to the point where the temperature of the water contained in its depressions was suitable to support life and the simplest forms of life appeared.

Under those laws of nature which we speak of rather indefinitely as evolution, life became more and more complex and variable. There were many different forms, and these became divided into two general classes: Animal and Vegetable. For

*Read before the Helmuth Club, May, 1916.

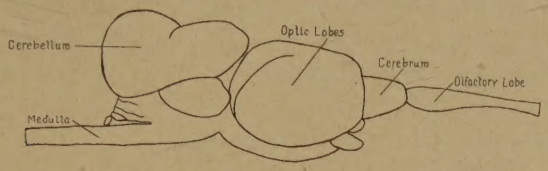
many ages the large amount of carbon dioxide in the atmosphere made animal life impossible above the waters of the seas. As this carbon dioxide in the atmosphere decreased in quantity, largely because it was consumed by the very luxurious vegetable growth, the animal life in the seas had developed through the early vertebrate stages to that of well formed fishes, and some of these, because of the largely reduced quantities of carbon dioxide in the atmosphere, were permitted to become amphibious, or air breathing, and had by developing their fins into legs begun to crawl about the slimy shores, and thus came what we know as the age of reptiles.

Some of these reptiles in time developed into birds and quadrupeds, and after many more countless ages certain quadrupeds formed the habit of climbing and living in trees, and this habit developed arms and hands from the forelegs and feet. Later still certain of these ancestors of the modern apes and monkeys and of man descended from the trees to walk partly erect on their hind legs and to hunt with crude clubs or stones, and later on with rough stone implements, and this was the dawn of the human race. This brings us almost to the beginning of the great glacial epochs, and from then on we can get glimpses of the development of man until the beginning of history in Asia Minor, where we find man living collectively in cities with well organized government about five thousand years ago. From then on to the present is comparatively modern history.

Let us turn back to the life in the sea and we find that the low forms of vertebrates, such as the trilobite and others, had the beginning of a brain in the form of slight enlargements of upper portions of the spinal cord, and in the lower forms of fishes had a brain somewhat more developed and covered with cartilaginous, and, later, a bony expansion of the upper vertebræ, and here we have the beginning of the moulding of the brain case.

Before taking up the brain case itself, it is necessary that we consider the growth, or evolution, of the brain. In the beginning the brain was simple in construction, and the cartilage which covered it was merely an expansion of a vertebræ. This mere expansion of a vetebræ grew to be a sort of primitive cartilaginous skull, an example of which may to-day be found in the largely cartilaginous skull of the shark. As the lower forms of

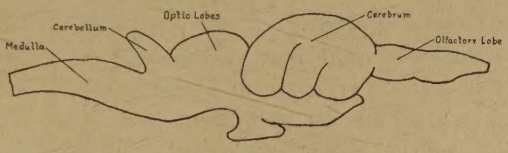
fishes developed into higher forms of fishes, the skull changed from cartilage to bone.



FISH

FIG. 1

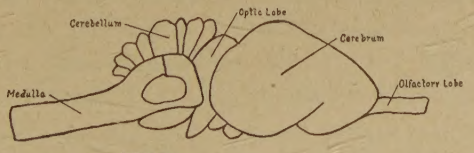
Fig. 1 represents the brain of an average bony fish. It consists of six swellings in a line, one before the other. Beginning from the end towards the spinal cord, they are designated as follows: A single median lobe, the medulla; in front of this is another single median lobe, the cerebellum; then the optic lobes, right and left; then the thalami, which are small and hidden from view by the encroachment of the two adjacent segments; then the cerebrum, and, finally, the olfactory lobes. In the fish the largest of the segments are the optic lobes.



REPTILE

FIG. 2

The reptile's brain (Fig. 2) shows similar parts with the same serial arrangement. The reptile is a higher, more intelligent animal than the fish and, in consonance with this fact, the cerebrum, not the optic lobes, is the larger, more dominant part of the brain. The optic lobes, which were most prominent in the fish and less prominent in the reptile, are hardly visible in the bird (Fig 3), being almost covered by the cerebellum, showing

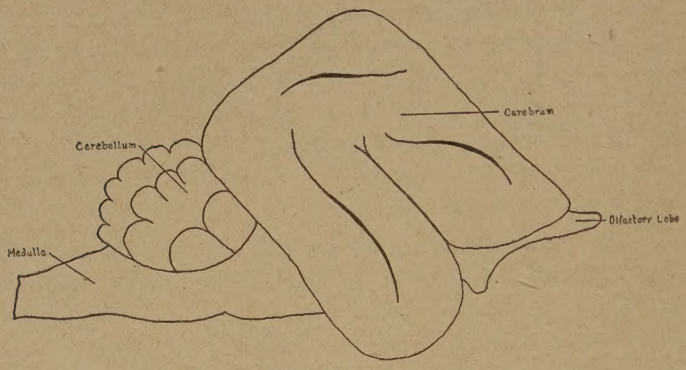


BIRD

FIG. 3

a slight advance in evolution.

In the mammal, Fig. 4, a more intelligent animal still, the

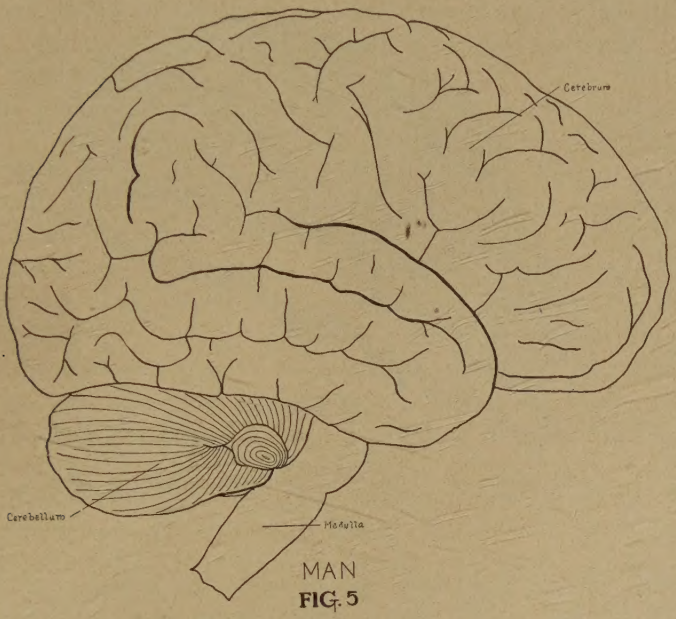


LEMUR
FIG. 4

cerebrum has grown so large that it extends backwards and partially covers the optic lobes. The cerebellum of the mammal consists of a median lobe, which is larger than the median cerebellum of the lower animals, and of two lateral lobes, one on either side, which have been acquired in the course of evolution. The median lobe is larger than the lateral ones, and the cerebellum of the mammal has its surface increased by fissures, while that of the fish, reptile and bird is smooth. The fissured cerebellum is a higher evolution than the smooth ones. In the groups of animals referred to so far the cerebrum is smooth and the olfactory lobes are still in front, though much encroached upon in the mammal by the enlarging cerebrum. In those animals still higher in the scale, like the lemurs, the cerebrum has reached yet greater proportions and complexity, and has grown still farther backwards towards the medulla, so that it hides from view a considerable portion of the cerebellum (Fig. 4); it has also grown forward, concealing largely the olfactory lobes. The cerebrum, no longer smooth, has a number of simple fissures and convolutions. The lateral lobes of the cerebellum relatively more than the central lobe, and the whole organ has advanced in complexity of fissures. In the higher simiæ (monkeys and apes) the cerebrum has grown so far backwards as to cover almost completely the cerebellum and medulla, and its convolutions have become

more numerous and complex. The cerebellum has also grown greatly and its lateral lobes are now larger and more complex than the central lobes.

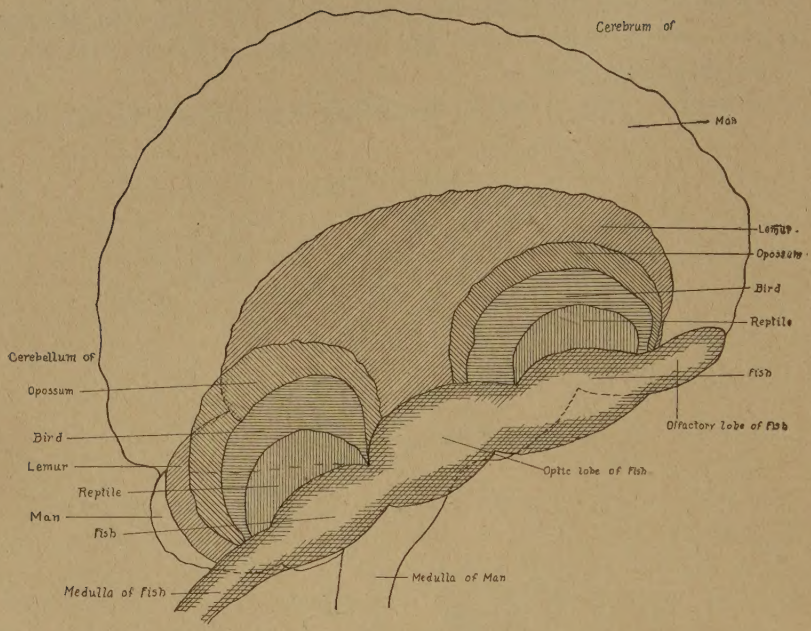
Finally in Man (Fig. 5) the whole brain has grown so enor-



MAN
FIG. 5

mously that it is three times larger than the brain of the highest simiæ. The cerebrum, especially, has increased enormously in size. It has grown not only backward, overlapping the cerebellum, but upward and downward on the sides; it has grown so far forward as not only to cover the olfactory lobes, but also to project far beyond them. The cerebellum has also increased in size and complexity, especially the lateral lobes. The ideal vertical section (Fig. 6) shows diagrammatically in one figure all these stages in the evolution of the human brain through the geologic ages. So much for the phylogeny of the brain. Now as to the ontogeny.

Very early in the development of the fetus, at about the second week, there occurs complete closure of the anterior end of the neural tube. The cephalic region of this tube is slightly



DIAGRAMMATIC SKETCH OF THE PHYLOGENY AND ONTOGENY OF THE BRAIN
(MODIFIED FROM LE COUNT)

FIG. 6

flattened from side to side and presents the appearance of an unequal growth. Two slight constrictions occur, dividing the medullary tube into three enlargements, known as primary brain vesicles. In the development of the human brain from the fertilized ovum, the stages which are permanent in the zoologic series are transient stages. These swellings, or brain vesicles, are known from behind, forwards as the hind-brain, mid-brain and fore-brain. The fetal brain, in developing from this early condition to a later and higher state, differentiates the hind-brain into the medulla, and the cerebellum; the mid-brain becomes the optic lobes, and the fore-brain differentiates into the thalami and the cerebrum. A little later the cerebrum buds forth the olfactory lobes so that the human brain will consist of six fundamental segments, one behind the other. This is the fish stage in the growth of the human brain.

As development proceeds, the most conspicuous growth of the brain occurs in connection with the cerebrum and cerebellum. The

cerebrum grows relatively and actually larger and larger, but does not yet cover any portion of the optic lobes. This is the reptile stage. The cerebrum, continuing to grow, finally covers the front portion of the optic lobes. This is the mammal stage. Growing further, it soon covers a greater or less portion of the cerebellum. These are the lemur and simian stages. Finally, it grows so far backward as to completely cover the cerebellum, and so far forward as to project beyond the olfactory lobes. This is the human stage.

The cerebrum in fish, reptile, bird and lower mammal is smooth. In the half space it is convoluted; in the simiæ it is still more convoluted, while in man it reaches the climax of complexity in the size, number and sinuosity of its convolutions. These convolutions increase the surface of the cortex of the brain, which is the seat of psychic phenomena. Other things being equal, the greater the amount of cortex, the greater is the intelligence. During its embryonic development, the human cerebrum passes through the stage of smoothness to a convoluted condition, then through stages of increasing complexity of convolutions. Simultaneously with this advance of cerebral organization, occurs an unfolding of increasing intelligence.

The cerebellum presides over the co-ordination of the muscular movements of the body. It also, like the cerebrum, passes through the fish, reptile, bird, mammal and simian phases. At first, it consists only of the median lobe; then the lateral lobes appear, at first small in size, but getting larger and larger until they greatly surpass in bulk the more primitive median portion. At first, the cerebellum is smooth, but as it develops its fissures become greater and greater, thus increasing its cortex. With the developing cerebellum are associated increasing powers of muscular co-ordination; increasing delicacy and complexity of muscular movements.

We have now followed the development of the brain in the ascending scale of evolution from the lower forms of fish through the reptile, bird, quadruped and biped stages to the human stage.

It is exceedingly interesting to note that as man has advanced from the savage state to the present state of civilization, the brain has continued to increase in size and in the complexity of its convolutions and fissures.

Fig. 7 shows the sizes of the brain pre-human and human.

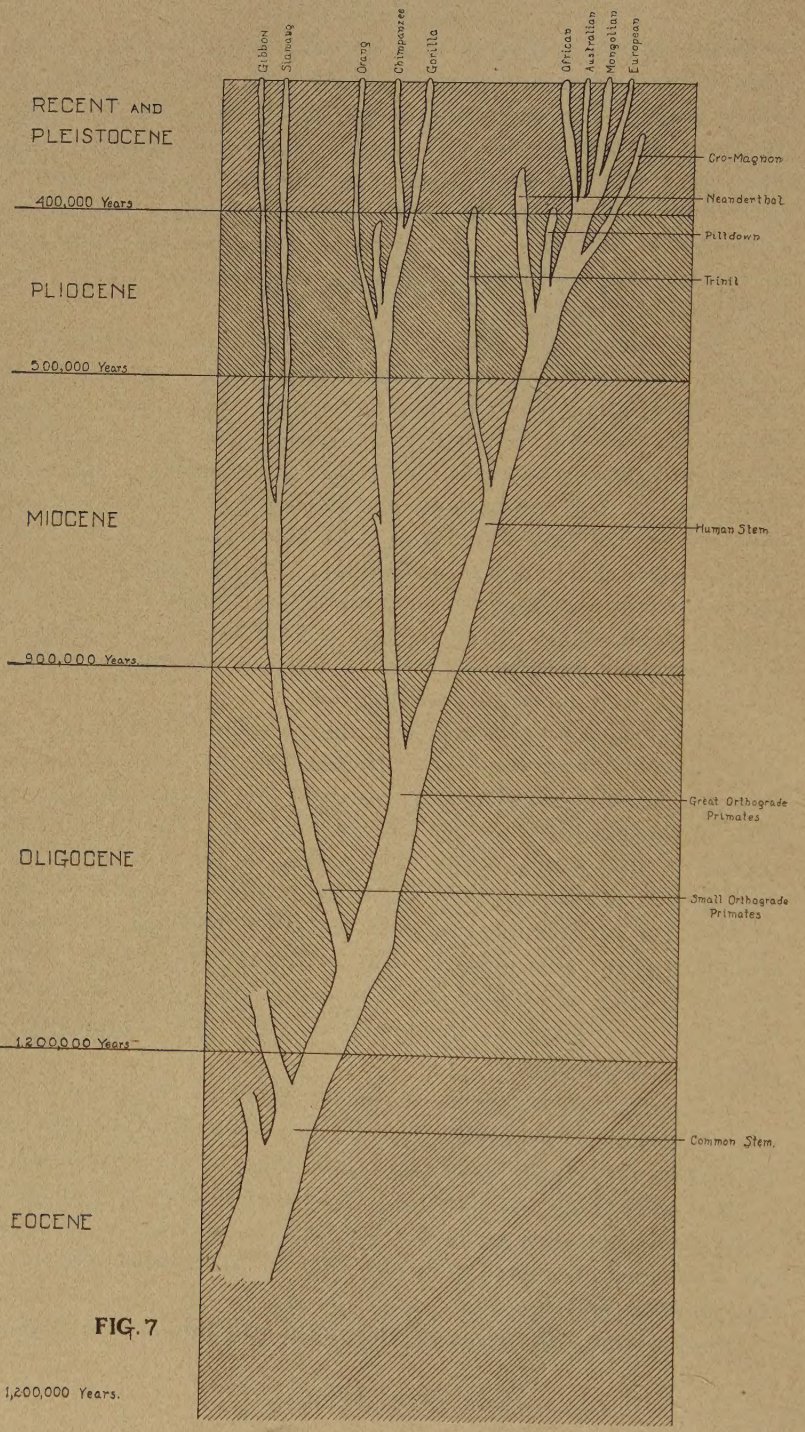

Gibbon
Siamang
Orang
Chimpanzee
Gorilla
African
Australian
Mongolian
European
RECENT AND PLEISTOCENE
400,000 Years
PLIOCENE
5,00,000 Years
MIOCENE
900,000 Years.
OLIGOCENE
1,800,000 Years
EOCENE
1,200,000 Years.
Cro-Magnon
Neanderthal
Piltdown
Trinil
Human Stem
Great Orthograde Primates
Small Orthograde Primates
Common Stem.

FIG. 7

The chimpanzee has the most highly developed pre-human brain. The Ape man of Java has the least developed brain, which can be classed as human. His bones were discovered near Trinil, in Central Java, in 1891. Next in size is the brain of the Piltdown man, whose skull was found at Piltdown, Sussex, England. He lived at a time variously estimated at from 100,000 to 300,000 years ago. Then comes the Neanderthal race, numerous members of which left their bones chiefly in France, Belgium and Germany. Following the Neanderthals, we had the highly interesting Cro-Magnon race inhabiting Southwestern Europe, said by some authorities to have been one of the finest races the world has ever seen. The average height of the Cro-Magnon man was 6 ft. 1½ inches, and his brain capacity was large, comparing favorably with that of modern man.

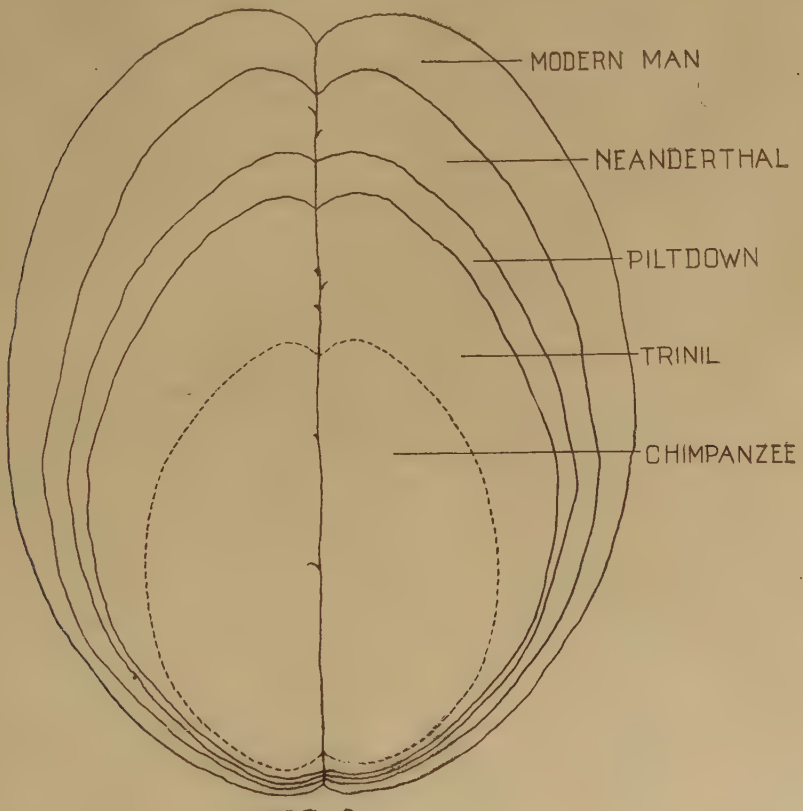


FIG. 8

It is a common error to suppose that these successive races were descended directly one from the other; on the contrary, each is a separate collateral branch of the human stem of the tree of life, as will be seen in Fig. 8, and as for the common erroneous belief that man is descended from monkey it can be seen by Fig. 8 that they are quite distantly related, as their common ancestor, whatever kind of a pre-ape and pre-human he may have been, lived, roughly speaking, not less than two million years ago.

Now we have come to the point where we can consider the formation of the brain case or skull, remembering that the development of the brain, particularly the cerebrum, has been so rapid that the development of its case has taxed nature to the utmost to provide sufficient covering and protection for this delicate and marvelous organ, which has, through the law of "natural selection," as Darwin called it, made possible the rise of the human race above that of the lower animal stage, and who can say what will be the limits of its potentiality, or what future development has in store for our descendants. The growth of the brain of a human fetus and child, and nature's effort to provide an adequate covering, might well be likened to an imaginary exaggerated growth of a turtle with nature's efforts to provide an adequate shell.

The skull is a development, in part, of the vertebræ, and, in part, of dermal or membranous bones which, as in bony fish and reptiles, formed the protective armor of the skin of the head. As the head end of the spinal cord of the lancelet grew in size the cartilage enclosing it developed to protect it. This was the earliest appearance of the skull in biologic, as in fetal, evolution. Later, another skull developed in connection with this. The skull, therefore, has a double origin; or rather, there are two skulls which were originally distinct. In evolution from the lowest fish to the highest mammal, and in human embryonic development, these become united.

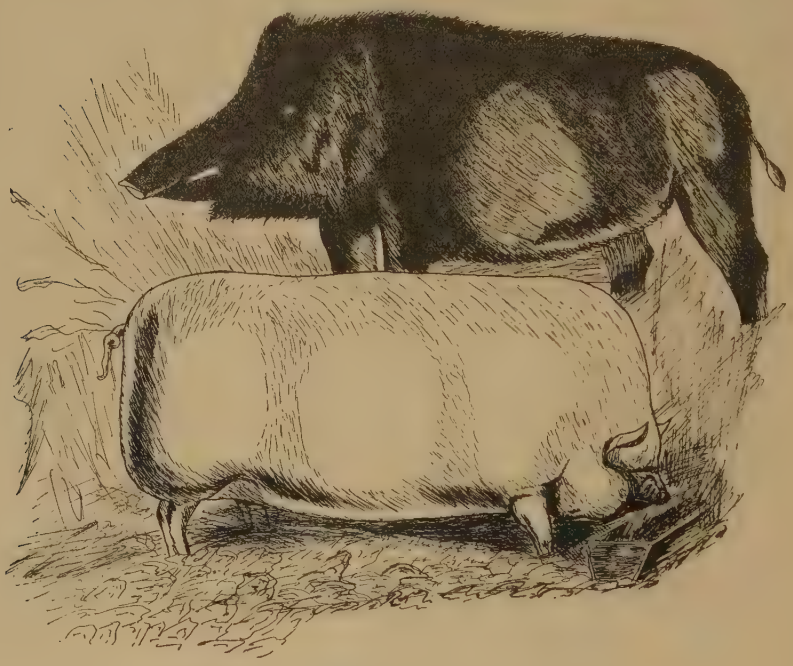
The primary skull is an extension of the vertebræ which sends side-outgrowths to cover the brain, as the backbone covers the spinal cord. In man, the primary skull gives off two occipital or rear skull plates, and two plates midway between the trabeculæ and occipitals. This primary skull is at first cartilaginous, as in sharks. In the fish, there is a progressive reduction of cartilaginous skull by which its covering over the brain is more and more

demonstrated. This reduction leaves an opening on the dorsal side which calls for the space to be filled with dermal bones—frontals, parietals and interparietals. In reptiles and birds, the opening is larger than in fish, and in mammals still larger than in reptiles and birds. With the increase in the size of the brain in phylogeny and in ontogeny, this cartilaginous primary skull becomes insufficient to roof over the brain and gaps result. The fontanelles or soft places at the top, sides and back of the head of the new-born are expressions of this failure of the primary skull to cover the gains of the nervous system. This deficiency, while resultant on certain advances in evolution, would be a serious block to further advance or to life itself were it not that the fetal skin of mammals retains an osteogenic function, normal in reptiles, certain edentates and bony fish. This is an instance of the stimulation of cell potentiality for the benefit of the organism as a whole.

Secondary skull. These cavities were filled by dermal bones which, at first merely armor of the skin of the head, later became protectors of the brain. The following are representative dermal bones in the embryonic human skulling: The frontals which form the chief part of the forehead. The parietals and interparietals, which are united by synostosis to form the parietals or side bones of the adult human skull. The nasal bones which, together with the vomer, form the nose. The pterygoids and palatines. The maxillaries and premaxillaries which, with the mandibles, form the jaws. The mandibles are, in part, derived from the chondrocranium or primary skull. In the course of evolution, and during the progress of human embryonic development, these bones become fewer by the process of early cartilaginous union or synostosis. The openings in the skull resulting from the deficiencies in the chondrocranium are larger in birds and reptiles than in fish; in the egg-laying mammals than in the birds and reptiles; in the marsupials or (pouched mammals) than in the egg-laying mammals, and in the higher mammals than in the marsupials. Brain development, therefore, depends on the expanding power of the secondary skull formed by the dermal bones. These are degenerate bones, a mere reminiscence of that outer skeleton whereby early fish and reptiles emulated the lobster, whose outer covering has developed into a solid mass.

The phylogeny of the head and face, through the anthropoid

ape and races of the world to the average type, is extremely interesting. In considering the head bend in man's flight from fish and reptile, to bird and mammal, it will be seen that the most extreme development in the head and face bend are to be observed in animals such as the camel, the cow, the horse and other mammals, including lower monkeys. In the higher apes and animals under domestication the face, nose and jaws begin to shorten and degenerate for the benefit of the higher structures such as the brain. This change of the shortening of the nose and face is nicely illustrated in Fig. 9, where the domestic pig is not



WILD BOAR AND MODERN DOMESTICATED PIG
FIG. 9

required to root for a living. The arrest of the nose, face and jaws is not unlike that of the human. The law of use and disuse is finely illustrated in these two extremes. The breeding of dogs with short nose and short upper jaw from the wild wolf-like species are also examples. In natural selection, of course, this process goes on normally and sequentially in the phylogeny of the

EVOLUTION OF THE FACE FROM THE ANTHROPOID APE THROUGH THE LOWER NEGRO TYPES TO THE IDEAL FACE OF THE APOLLO BELVEDERE [CAMPER]
FIG. 10

human race, but it requires a much longer period of time to produce the same results, as will be seen by glancing at Fig. 10.

Regarding the embryonic development of the skull we need only mention a few points. The fontanelles illustrate the fact that the brain case requires a great effort on nature's part, therefore, the brain is dependent upon the development of the brain case and, curiously, it is dependent not so much upon the chondrocranium or primary skull, which utterly fails to cover and protect the great increase in brain mass, but it is dependent upon the secondary skull, which is nothing more or less than dermal bones, or the skin, degenerating to the lower fish stage and forming of its own potential power the covering the primary skull is unable to produce. We should also take note of the shape of the head of the babe; it resembles that of the ape in the frontal region by its low slanting forehead, which increases in its uprightness during early life. The protruding of the jaws and the lack of prominence of the nose also resembles the ape.

In closing let us remember that evolution performs its wonderful work before birth, and that after birth, with the possible exception of about the first two years, the whole being begins to adapt itself to environment. During the nine months of intrauterine life and possibly the first two years after birth the human fetus and child crowds into its development the successive stages of animal development through all time, since life first appeared on earth and, as with the whole body, so with each portion or organ from its earliest conception, and hence so it is with the nervous system, the brain and the brain case.

NOTE.—Frequent extracts have been taken from Talbot's "Developmental Pathology." Most of the sketches were also taken from that excellent work. Fig. 7 was taken from Keith's "Antiquity of Man," and has been slightly modified. Fig. 8 was taken from Osborn's "Man of the Old Stone Age."

The Relation of the Spleen to Blood Diseases, From the Surgical Aspect*

BY

F. A. Cummins, Class of 1917.

THE field of surgery in diseases of the blood and spleen is at present a matter of considerable discussion. Up until the present time the subject has received little attention, and even now the arguments for or against surgical intervention are based simply upon the results of the comparatively few operations which are recorded.

The close relation between the spleen and the blood is well known. Since the spleen is credited with the power of breaking up the dead or dying red blood cells, it is evident that an exaggerated function may be an important cause in the production of the various forms of anemia. The destruction of red blood cells may be due to simple over-activity of the spleen, or may be the result of parasitic infection of the spleen, but in either case the results are much the same.

Now to take up the more common blood diseases, somewhat in detail, we can simply give the opinions of different authorities upon the diseases themselves and their results from surgical treatment.

Pernicious Anemia.—It is really undecided just what part the spleen plays in this disease. Dr. Hunter claims that pernicious anemia is essentially hemolytic in nature, and that the destruction of red blood corpuscles occurs in the portal system, and is due to toxins absorbed from the alimentary canal. How does the spleen play any part in this hemolysis? It contains an increased amount of altered blood pigment, but may this not be deposited there by the blood? He says there is no reason to believe that the disease is due to any primary changes in the spleen. On the other hand, Drs. Harpole and Fox, of Chicago, report a case of pernicious anemia which, under medical treatment, was rapidly growing

*Symposium on Surgery of the Spleen by the members of the class of 1917 of the New York Homeopathic Medical College and Flower Hospital, conducted by Joseph H. Fobes, M. D., F. A. C. S., Asst. Prof. of Surgery.

from bad to worse. Associated with the other symptoms of the disease the spleen was greatly enlarged, easily palpable and suggested over-activity. A splenectomy was finally done. The spleen was found to be twice its normal size, and the pathological report was chronic splenitis. Since the operation the patient's blood count has shown a great increase in number of red corpuscles and the general health has returned to normal.

A report from the government hospitals of the Argentine Republic shows two such cases operated with death in each case.

Dr. Roblee, of Riverside, Cal., also reports upon two cases of pernicious anemia which he treated by splenectomy. In both cases the red blood count was greatly increased, and one of the cases in particular showed marked improvement generally. He has been led to believe, however, that splenectomy does not guarantee a complete cure, but will invariably bring marked improvement.

HEMOLYTIC JAUNDICE.—The usual symptoms of hemolytic jaundice are chronic jaundice, anemia, enlarged spleen and an excess of urobilin in the urine and feces. The disease usually commences in childhood, the severity does not increase with age, but the condition is subject to frequent exacerbations. The hemoglobin content of the blood is lowered, the serum is bile tinged and the red corpuscles are more or less diminished and extremely fragile. The spleen is greatly enlarged but not tender.

Normally the bile is formed by the phagocytes of the liver and spleen taking up the dead and dying blood cells. The hemoglobin thus liberated is absorbed by the hepatic cells, iron is split off and bilirubin is excreted into the bile capillaries. Adami regards jaundice as a regurgitation of bile pigment into the blood and lymph stream, from a surplus of the pigment in the liver. Through increased hemolysis the spleen produces bilirubin in excess; or beyond the power of the hepatic cells to dispose of, and jaundice results. So it seems that this disease is due to excessive destruction of red blood cells, and the spleen appears to be the seat of over-activity. Now to cite a case operated by Dr. Kanaval, of Chicago. The patient was a man 54 years of age, who had suffered from more or less jaundice for forty years. He had numerous attacks of headache, aching in the muscles, tenderness in the upper abdomen, marked jaundice, anemia and splenic enlargement. The blood count showed reds, 5,000,000; whites,

4,500; hemoglobin, 70 per cent.; and a coagulation time of 3.2 minutes. The red cells were markedly less resistant to hypotonic salt solution. After splenectomy the jaundice slowly but entirely disappeared and the general health has greatly improved.

Examination of the spleen showed increase in size, probably due to congestion and infiltration and a marked atrophy of the malphigian corpuscles and the splenic pulp. This and other successful operations for hemolytic jaundice indicate that the spleen plays the chief part in the pathogenesis of the disease.

Malarial Disease of the Spleen.—In malaria the spleen is decidedly affected. The importance of the relation of the spleen to the disease lies in the pathological changes of the organ and their results. The changes in the spleen may be roughly confined to:

1. Marked proliferation and deposition of pigment.

2. Obliteration of vessels and resulting atrophy of the parenchyma.

3. Greater consistency.

4. Size greatly increased, causing functional disturbances of the other organs by pressure, also inflammations and adhesions.

The chief danger lies in the possibility of tortion of the pedicle and the resulting acute and chronic effects. Blood cysts and hemorrhages within the capsules often occur. Splenectomy is the only advisable surgical treatment in these cases.

References.—*Journal of Surgery, Gynecology and Obstetrics,* July, 1915.

Reprint from the *Journal of the American Medical Association* of February, 1915.

Journal of Surgery, Gynecology and Obstetrics, Nov., 1914: Article by Dr. W. W. Roblee, Riverside, California.

Journal of Surg., Gyn. and Obstetrics of Feb., 1914: Article by Drs. Harpole and Fox.

A low infant mortality indicates a high community intelligence.—*United States Public Health Service.*

The Chironian

The monthly Journal of the Alumni Association of the New York Homeopathic Medical College and Flower Hospital.

THE CHIRONIAN COMMITTEE

H. D. Schenck, B. S., M. D., Class of 1884

F. M. Dearborn, B. A., M. D., Class of 1900

J. H. Storer, B. A., M. D. Class of 1891

EDITOR

E. R. Eaton, B. A., Class of 1919

BUSINESS MANAGER

H. R. Barrows, M. S.

The Editor is responsible only for opinions expressed in editorials.

EDITORIAL

THE CHIRONIAN Committee, through Dr. J. H. Storer, takes pleasure in advising our readers of the appointment of Professor H. R. Barrows, M. S., as Business Manager of THE CHIRONIAN. The following letter sent to the editor by Dr. Storer is published with the hope that an increasing interest may be taken by all alumni in the important business department of our journal:

30 Edgecomb Ave., N. Y.
Oct. 30, 1916.

My Dear Eaton:

It gives me great pleasure to inform you that I have secured Prof. Henry R. Barrows, Registrar of the College, to assist me as the business manager of THE CHIRONIAN. He will take charge of all the general business management, and I feel that we have secured a man who will give us a very great amount of assistance, and will help put THE CHIRONIAN on a sound business basis, as well as making it a high class and up to date medical journal.

I shall be glad to have you make note of this in THE CHIRONIAN, as Prof. Barrows begins his duties November first.

With kind regards, believe me,

Yours truly,

J. H. STORER.

THE CHIRONIAN Committee is to be congratulated on securing the services of so efficient a business manager as Professor Barrows. Prof. Barrows will work in co-operation with Dr. Storer, who has already devoted himself self-sacrificingly to the business aspect of our paper. A glance through the present issue and the one of the preceding month will show new advertisements and also many new cards in the Physicians' Directory. This is a good beginning on the part of the newly appointed Business Manager, and the future will reveal the accomplishment of what has been termed by many "impossible" achievements in advertisements secured for THE CHIRONIAN. Professor Barrows is Registrar of the College, and, if the high order of efficiency in his work at the college is any indicator, the day of pessimistic words upon THE CHIRONIAN is a thing of the past. Let us all co-operate in placing THE CHIRONIAN on a sure and lasting financial basis, that will reflect credit to and argue valiantly for the principles of Homeopathy which our paper expounds and upholds.

A NEW mailing list goes into effect with this issue. If you should receive THE CHIRONIAN, or do not, or, if your address is still incorrect, write the Business Manager at once. Dr. Dearborn affected the changes made in the mailing list thoroughly and painstakingly. A great many names have been dropped from the mailing list. These names are for the most part composed of alumni who, for reasons known to themselves, have not paid their alumni dues in the past three years. Altogether four hundred corrections were made. This makes the mailing list as up to date as it can possibly be made, and argues further the effort, at least upon the part of some, to make THE CHIRONIAN efficient and worth while.

IT is hoped in a later issue of THE CHIRONIAN to begin a series of articles on the Departments of Instruction in the college, and the first of the series will be the Department of Anatomy. A great many alterations and additions have been made in the Anatomy Rooms, bringing this department up to an almost unequalled point of efficiency. These improvements, particularly in the dissecting rooms, will be illustrated in the article, and the work of Dr. Halfman and his assistants will be briefly described. All readers interested in their Alma Mater will read this article and others in the series with renewed interest.

The improvements in the Anatomy Department already intimated in the preceding paragraph, may be generally seen in the college building. From the Batceriological Department on the top to the Clinical Rooms on the ground floor many valuable changes and additions have been made. A new library has been installed, which is a model for a medical college. The room is spacious, well lighted, heated and ventilated, and the equipment of reading tables, comfortable chairs and book-cases indicates a spirit of real progress. Other improvements are up to the same standard, and at a later time it may be possible to illustrate these things that the readers may see the forward look of the college.

A PROPER REMINDER.

What in the world has happened to the *Review of Reviews* and *N. Y. Med. Journal?* All they need do is to add the word "homeopathic" after the word "some" in the first line to make its origin. But that is too much to ask.—H. S.

From the October, 1916, issue of *Medical Review of Reviews.*

Perhaps fifteen years ago I read in some medical journal that "a good extract of calendula will absolutely prevent the formation of pus in all contused and lacerated wounds, no matter how dirty, unclean, and far from aseptic they may be." I considered this statement probably exaggerated, but tried the remedy, and found that it made good in every instance. I have done a good deal of accident and emergency surgery, and have had some exceedingly filthy wounds to treat, caused by railroad and stone quarry accidents, contaminated by coal dust, machine oil and dirty clothing, and not one of them has ever produced a drop of

pus when dressed with a good extract of calendula.—W. M. GREGORY, *New York Medical Journal.*

CORN SILK CIGARETTES.

Us a-smokin' corn silk. Maw can't see;
Never let'er smell yer breath, no sir-ee!
We rub our hands with catnip down by the well
And chew a bit of sassafras and Maw can't tell.
Corn silk cigarettes,
Good enough for kings!
Spike can inhale 'em, too—
And I blow rings.

What's Shep a-barkin' for? Darn his hide,
Make Shep shut his mouth and come this side.
A dog always bawls you out; never known to fail.
Some day we'll tie a can to old Shep's tail.
Corn silk cigarettes,
(Grab that pup)
Beats real terbacker—
Till ye git growed up!

Once Henry Spareshanks (Fairbanks's his name),
Tried these cigarettes. Hank wasn't game.
Smoke made his eyes hurt. Poor Hank cried;
Then he got a mouthful and darn near died.
Hank was a dizzy boy—
Head felt queer.
Smoke plum kerflummixed him!
Gol darn near.

—*Puck.*

Obituary

J. LESTER KEEP, CLASS OF 1866.

On September 30th, 1916, Dr. J. Lester Keep, of 460 Clinton Ave., Brooklyn, died from heart disease at his summer home, Saravista, Shelter Island Heights. He was in his seventy-ninth year and was consulting physician at the Cumberland Street Hospital in Brooklyn.

Dr. Keep was a graduate of the Yale University Medical School and the Hahnemann Medical College. In 1866 he also received his medical degree from the New York Homeopathic Medical College and Flower Hospital. He resided in Brooklyn for more than thirty years, and was a Brevet Colonel in the 2d Division of the National Guard, in 1884 being placed on the supernumerary list.

Dr. Keep was a Trustee of the Shelter Island Heights Association and the Shelter Island Yacht Club. He was a former President of the Alumni Association of the New York Homeopathic Medical College and Hospital, a senior member of the American Institute of Homeopathy, a member of the New England Society of Brooklyn, the Long Island Historical Society and the Veteran Association of the Thirteenth Regiment. In addition, he belonged to the Rembrandt and Montauk Clubs of Brooklyn, and the National Arts and Unanimous Clubs of New York. His wife and son and daughter survive him.

T. DEWITT BATES, CLASS OF 1876.

T. DeWitt Bates, M. D., of Hamilton, Ontario, Can., an oculist and aurist, died at the City Hospital, Hamilton, on August 26th, 1916, from suppression of urine due to enlarged prostate.

MERRITT THOMAS DUTCHER, CLASS OF 1882.

Merritt Thomas Dutcher, M. D., died at Owego, N. Y., July 9th, 1916, aged 73. He was the son of Martin and Cynthia Dutcher. Dr. Dutcher served in the Civil War from 1862 to 1865. He graduated from the New York Homeopathic Medical College in 1882, and practiced medicine in Owego, N. Y., from 1882 to 1906, when ill health compelled him to retire.

GEORGE CARLETON DOMINICK, CLASS OF 1904.

As a shock to his many friends came the news that Doctor Dominick had died at sea, on board the Steamship Pastores, on October 2d, 1916, while homeward bound from a southern trip.

George Carleton Dominick was born July 22, 1877, in New York City, the son of Marinus W. and Mary A. Dominick. He descended from an old New York family whose American ancestry dates back over 200 years, and he was justly proud of his membership in the Sons of the Revolution.

His early education was secured at the Englewood School for boys, and after preparatory training, Princeton University was entered. After one year at this institution, George Carleton Dominick went to Packard Commercial College, and then spent several years at the banking business in Wall Street. The result of this training was noted throughout the doctor's career, for his methods were precise, conscientious and thorough, and his financial ability, especially in the management of honorary offices, such as treasurer of his class, of his fraternity and as secretary of the Alumni Association was often manifested.

After a few years of business training the doctor's penchant for medicine induced him to enter the New York Homeopathic Medical College and Flower Hospital with the class of 1904. He was a painstaking and diligent student, and served his class as treasurer during 1902 and 1903, and upon graduation became an interne in Flower Hospital, 1904-1905.

Subsequently at different periods the doctor went abroad and studied in Vienna, Berlin, Bonn and Cologne, and his reminiscences of his post-graduate work in these medical centers were always interesting and of pleasant memory.

His special study was in physical diagnosis and he subsequently utilized his training in this branch as a lecturer and instructor at the New York Medical College and Hospital for Women, where he taught during 1914 and 1915. His careful and painstaking method of practical instruction was much appreciated by the students under his charge.

---

*Report of Special Committee read before N. Y. County Homeopathic Society, Oct. 12, 1916.

During the years 1908-1911 Doctor Dominick was the assistant of Dr. Dieffenbach at his clinics for Physical Therapeutics at Flower Hospital, and for the past few years he assisted Dr. Rudderow at the Metropolitan Hospital. Since 1914 the doctor has specialized in Electro-Therapeutics, and was located at the Hotel Devon, 70 West 55th Street.

His greatest achievement in the special branch of medicine was his study of the effects of high frequency currents upon digestion. His experiment upon a number of students showed that moderate doses of high frequency auto-condensation given over the gastric area had the ability to *regulate* the secretion of the stomach so that hypo- as well as hyper-secretion were favorably influenced. This research work was published in the *North American Journal of Homeopathy,* and was quoted favorably in several journals. It was read before the New Jersey State Homeopathic Society, May 9, 1912. The doctor was also interested in testing the effects of high frequency currents in cases of hay-fever, and developed a technique which he believed to be palliative in this condition. While a student Doctor Dominick became a member of Alpha Sigma fraternity, and when the fraternity purchased a home for its members he became its secretary and treasurer. His financial ability carried this altruistic work through many shoals and pitfalls, and the fraternity is under deep obligations to him for his self-sacrificing labors. Doctor Dominick was a member of the County and State Homeoapthic Societies, and served both organizations as chairman of bureau on numerous occasions. He was a member of the American Institute of Homœopathy, National Society of Physical Therapeutics, Academy of Pathological Science, New York Athletic Club, Sons of the Revolution, N. Y. Historical Society, Englewood Club, and Englewood Country Club.

During the past two years he served as secretary of the Alumni Association of his Alma Mater. Of the late activities may be mentioned that the doctor actively assisted in the founding of the Broad Street Hospital in the city of New York to which he had been elected attending physician.

During the late spring the doctor's health began to fail, and he gave up practice and spent some time at Ashville, Pocono and Long Beach in his efforts at recuperation. His lesion proved to

be a mixed infection of the larynx from which the doctor finally succumbed. When remedial measures seemed ineffective, a sea voyage was undertaken with the view of improvement, but on the return home some myocardial involvement ended his fight.

We mourn the loss of our colleague and friend as that of an earnest and faithful co-worker, and extend to his family our heartfelt sympathy in these hours of their affliction.

For the Committee,

W. H. DIEFFENBACH,
L. F. COCHEU,
M. W. MCDUFFIE.

RESOLUTION.

WHEREAS, It has seemed wise to an All-merciful Providence to remove from our contact George Carleton Dominick who, full of gentleness and of simple, manly courage, had shown his splendid worth to all with whom he worked and lived; and,

WHEREAS, He had been associated in the counsels and active in the high ideals of this association for many years, strong in loyalty to the high purpose of his oath of allegiance and striving ever for the material and spiritual progress of this society; therefore, be it

Resolved, That, at a meeting of the Alpha Sigma Alumni Association held in the city of New York, on October 7th, 1916, and in the twenty-third year of the fraternity, we record in these resolutions our sense of bereavement in this sad hour of parting from our brother, whom we honor and love in the spirit as he toiled for us in the flesh, and, further, be it

Resolved, That a copy of these resolutions be entered on the permanent records of this fraternity, and that a copy be sent to his family, with the sincere sympathy of the association, in this their hour of sorrow.

RESOLUTION.

WHEREAS, It has seemed wise to an Almighty Providence to remove from our midst Stacy Watkyn Boyle; and,

WHEREAS, Brother Stacy W. Boyle had endeared himself to us by the association of fraternal ties, during a period of twelve years; therefore, be it

Resolved, At a special meeting of the Alumni Association of Alpha Sigma Fraternity, held in New York on the 29th day of August, 1916, that the members, conscious of the great loss to the Fraternity, extend to the family of Brother Boyle their sympathy, intensified by personal association in this their sad hour of bereavement; and further, now be it

Resolved, That a copy of these resolutions be recorded upon the minutes of the Association, and a copy sent to the family of our deceased brother.

Alumni Notes.

'81. A. B. Norton motored to the Baltimore meeting of the A. I. of H. with his family, and W. H. Van den Burg, '87, and family.

'06. J. A. Nevin, of Jersey City, was recently confirmed, by the Governor of New Jersey, as a member of the State Commission on the Insane. There are six members, of whom two are physicians.

'03. R. A. Benson and family spent July in Oakland, Me., and August at the Nieatons Club, near Enfield, Me.

'11. J. Elmer Cummins is located at 2109 Garrison Ave., Baltimore, Md.

'07. J. B. G. Custis was married to Mrs. Inez Harrington, of Washington, D. C., on June 7th.

'87. W. T. Helmuth motored to Wilmington and Washington to attend the meeting of the A. I. of H.

'14. H. S. Whitaker is located at 2507 Market St., Wilmington, Del.

'91. J. H. Storer spent the summer traveling in Alaska.

'99. F. Pulver, of Torrington, Conn., has been appointed visiting physician to the new Hungerford Memorial Hospital of Torrington.

'13. V. M. Meyers is city physician of Wilmington, Del. He resides on Washington Street.

'09. Geo. P. Olcott, Jr., took E. Welles, Kellogg, '03, and lunch for an auto party of twenty-one all the way to Baltimore in his Ford.

'01. D. E. S. Coleman was chairman of the Bureau of Clinical Medicine at the recent A. I. of H. session.

'04. L. R. Kaufman was secretary of the Bureau of Dermatology and G. U. diseases at the same gathering.

Prof. L. S. Loizeaux motored to Baltimore with Charles Gennerich, '96, Sprague Carleton, '06, and Prof. Beebe, of Ann Arbor, as companions.

'00. F. M. Dearborn took J. D. Miller, '99, T. D. Buchanan, '97, and Dr. McCreary, of Cincinnati, in his auto to the A. I. of H. meeting.

'07. R. S. Bickley had I. P. Withington, '06, N. D. Mattison, '06, W. Gow, '14, and W. C. Muncy, '05, in his auto on the trip to Baltimore.

'99. M. Z. Westervelt was appointed health officer of the town and village of Litchfield, Conn., in early July.

'99. Geo. S. King, of Bay Shore, N. Y., according to the *New York Sun* of Aug. 25th, visited a patient on Fire Island in a Curtiss hydroplane, making the 6½ miles in seven minutes. While the doctor visited the patient Mrs. King flew about over the broad Atlantic. Very good, Eddie, and ditto, Edwina!

'94. E. S. Munson is sergeant in the Seventh Regiment, N. G. N. Y., and left for Texas in late June. During Dr. Munson's absence his patients are referred to Dr. Helfrich.

'89. Geo. A. Hull, as a lieutenant in the Seventh Regiment, N. G. N. Y., spent most of the summer in Texas.

'95. C. A. Brown is captain in the Medical Corps, N. Y., attached to the First Regiment of Cavalry, and is still in Texas.

'99. George Augustin is a lieutenant in the Medical Corps attached to one of the up-State companies encamped at Beekman, N. Y., during part of the summer.

'08. J. S. Maeder is captain and surgeon of the Ninth Coast Artillery Corps, U. S. N. Y., but has not been ordered away as yet.

'13. H. W. Lyding was presented with a son on June 28th last. Congratulations!

'16. G. E. Norton was married to Mrs. Gladys Dudley on Sept. 23d. Best wishes!

'09. W. E. Halfman is also to be congratulated for being presented with a baby boy, Sept. 25th last.

At the recent 72d annual meeting of the American Institute of Homœopathy, held in Baltimore, June 25th to July 1st, 1916, the following Alumni presented papers, with the following titles:

"Therapeutics of Exophthalmic Goitre," W. A. Dewey, '80.

"Palliation: Its Uses and Abuses by Homeopaths," George Royal, '82.

"X-Ray Treatment of Tinea Tonsurans," F. M. Dearborn, '00.

"Plan and Scope of Lumbar Incisions," Joseph Fobes, '01.

"Function of the Kidneys," L. R. Kaufman, '04.

"The Successful Treatment for Hay Fever," G. F. Laidlaw, '90.

"Fundamental Causes of Infant Mortality and Social Betterment," R. A. Benson, '03.

"Reliable Indications and Therapeutic Uses for a Few of the Lesser Known Remedies," R. F. Rabe, '96.

"Preparedness," Hills Cole, '94.

"Appendicitis," W. S. Mills, '89.

"The Residual Effects in Adult Life of Constitutional Diseases in Childhood," J. T. Simonson, '91.

Before the Obstetrical Society the following were presented:

"The Scope of Nitrous Oxide and Oxygen in Obstetrics," T. D. Buchanan, '97.

"The Recent Experimentations of Nitrous Oxide and Oxygen in Obstetrics," H. C. Allen, '95.

Before the Surgical and Gynecological Society the following represented the contributions of the Alumni:

"What Can Surgery do for the Brain?" J. H. Fobes, '01.

"Gastro-Coloptosis," Roy Upham, '01.

"Gall Stones," S. F. Wilcox, '86.

"Unsatisfactory Anesthesias and Their Causes," T. D. Buchanan, '97.

The National Society of Physical Therapeutics presented the following from our Alumni:

"Report of Committee on New Apparatus," W. H. King, '82.

"What Evidence Have We of the Value of Post-Operative Roentgen Therapy of Cancer?" M. W. Johns, '03.

"Reports of Cases of Cancer Treated With Roentgen or Radium Therapy, Clinically Cured More Than Three Years," W.. H. Dieffenbach, '00.

"Clinical Experience With Vertebral Adjustments as a Remedy," G. H. Patchen, '68.

"Spinal Reflexology," G. S. White, '08.

"Bone Setting and Its Modern Revival," N. D. Mattison, '06.

The Homeopathic O., O. and L. Society had a very successful clinical session in New York City, June 23d and 24th, using the Flower, Ophthalmic and Hahnemann Hospitals for that purpose. Of course, our Alumni were largely represented as the following list will show:

"Fallacies and Verifications of Tonometers With a Monometer in Direct Connection With the Interior of the Living Human Eye," Wm. McLean, '06.

"Enucleation of the Eye With Implantation of Rubber Sponge in Tenon's Capsule," F. G. Ritchie, '82.

CATARACT EXTRACTIONS.

"Intra-Capsular, Smith-Fisher," R. I. Lloyd, '95.

"Intra-Capsular, Smith-Fisher," G. DeWayne Hallett, '89.

"Tonsillectomy, Modified Sluder," C. E. Teets, '84.

"Tonsillectomy, Freudenthal's Method in Suspension Position, Using Killian's Traveling Crane, Lynch's Mouth Gag, Hook and Tongue Depressor," C. E. Teets, '84.

"Tonsillectomy, Modified Sluder," R. M. Jones, '96.

"Tonsillectomy, Digital Enucleation," Harold Foster, '05.

REMOVAL OF THE LACHRYMAL SAC.

"Method, Original," J. I. Dowling, '95.

"Method, External," Wm. McLean, '06.

"Septum Straightening, Simple Method, Series of Cases," Irving Townsend, '87.

"Intra-Ocular Diseases," Charles Deady, '76.

"External Ocular Diseases," E. S. Munson, '94.

"Nasal and Throat Diseases," C. E. Teets, '84.

"Nasal and Throat Diseases," Irving Townsend, '87.

"Tonsillectomy by Digital Enucleation," Harold Foster, '05.

"Modified Caldwell-Luke Operation on Maxillary Sinus," Harold Foster, '05.

"Demonstration of an Extirpated Larynx," Harold Foster, '05.

"Demonstration of Border-Line Dermatological Cases," F. M. Dearborn, '00.

"Demonstration on Radium Therapy," M. W. McDuffie, '04.

"Roentgenography of the Sinuses, the Pituitary Body and

Sella Turcica, Accommodating Twelve Physicians at a Time," W. H. Dieffenbach, '00.

"The Ocular Paralyses, Hemianopsias, Scotomota and Vertigoes From the Standpoint of the Neurologist," J. E. Wilson, '83.

"Harelip and Cleft Palate Operations With Exhibition of Cases," G. W. Roberts, '89.

"Tonsillectomy by Digital Enucleation," Harold Foster, '05.

"Maxillary Sinus," Harold Foster, '05.

GLAUCOMA.

"Elliot Sclero-Corneal Trephine," G. DeWayne Hallett, '89.

"Von Hipple Sclero-Corneal Trephine," F. G. Ritchie, '82.

"Intra-Ocular Diseases," C. H. Helfrich, '84.

"Extra-Ocular Diseases," Wm. McLean, '06.

"Nasal and Throat Therapeutics," S. H. Veshlage, '79.

"Nasal and Throat Therapeutics," R. M. Jones, '96.

T. Drysdale Buchanan, '97, demonstrated:

"Continuous Anesthesia Through the Nose" on Dr. Roberts' case.

"Nitrous Oxide and Oxygen" on Dr. Foster's case.

"Ethyl Chloride" on Dr. Foster's case.

"Oil-Ether-Colonic-Rectal" on Dr. Rice's case.

"Vapor Anesthesia" on Dr. Bishop's case.

'09. H. C. Galster spent July at the Mayos. He has recently been appointed assistant surgeon to the Hudson City Hospital.

'83. W. M. Tracy is visiting physician to the Hudson City Hospital.

'08. George Lane, of Poughkeepsie, spent May at the Mayos in Rochester, Minn.

Ex-'09. Ed. Smith is proprietor of the Smith House in Catskill, N. Y.

'99. M. Z. Westervelt entertained his fellow alumni, resident or summering, in Litchfield County, Conn., on Aug. 17th, at dinner.

'75. E. L. Wyman, of Manchester, Vt., was found busy at work when visited this summer by one of the CHIRONIAN Committee.

'00. F. M. Dearborn announces the arrival of William Norvell Dearborn, born August 30, 1916.

Prof. Loizeaux is to be congratulated upon the arrival of Miss Marion Olive, on August 13, 1916.

'15. F. J. Clime is serving with the American Ambulance in France.

'97. T. D. Buchanan has been appointed head of the Department of Anesthesia in the New York Post-Graduate College and Hospital.

'01. Roy Upham finally fooled his friends this summer and married Miss Edna Norma Tingley, Aug. 16, 1916.

'10. James R. Bramley has moved from Summit, N. J., to Loveland, Colo.

'09. Arthur E. Tator has removed from Ft. Washington Ave., New York City, to Summit, N. J., assuming Dr. Bramley's practice.

'09. W. D. Duckworth, of White Plains, N. Y., has been appointed Roentgenologist to the White Plains Hospital.

'13. E. L. Burwell, of New Rochelle, N. Y., has received the appointment of Anesthetist to the New Rochelle Hospital.

'10. F. M. Wright has removed from Stamford, Conn., to 130 Claremont Ave., New York City.

'78. L. F. Wood has changed his address from San Diego to 22d and San Bruno Ave., San Francisco, Cal.

'14. A. A. Richman has removed from Staten Island, N. Y., to 907 St. Mark's Ave., Brooklyn, N. Y.

'68. E. W. Finch has moved from Clear Water, Fla., to New Rochelle, N. Y.

'15. R. L. Cudlipp has changed his address to 2363 Valentine Ave., New York City.

'16. J. W. Gardam's address is 43 Pine Grove Terrace, Newark, N. J.

'15. Robin Hood announces the removal of his office to 772 Park Ave., New York City.

'16. M. J. Raisbeck announces that he is located at 616 Madison Ave., New York City.

'15. Gabriele Ariola is doing laboratory work in Genoa, Italy.

'99. C. B. Pinkham, of San Francisco, was married to Miss Gertrude Florence Poole, Sept. 27, 1916.

'75. Edward Cranch announces his address as Box 603. Erie, Pa.

'15. Irving Flyer announces change of address to 5401 14th Ave., Brooklyn, N. Y.

'93. H. R. Sackett has removed to 6 Montgomery Ave., Holyoke, Mass.

'93. W. B. Davis, city, has removed to 19 Lincoln Ave., Cortland, N. Y.

'15. F. C. Ferguson is now at 610 Sixty-first St., Brooklyn, N. Y.

'05. W. M. Collins, formerly of New York City, has removed to Titusville, Pa.

'12. C. E. Williams announces his engagement to Miss Grace Margaret Allen.

'10. E. C. Braynard was made very proud and happy over the arrival of Francis Osborn, on August 21, 1916.

'12. W. F. Shaw has suddenly left for England. Report has it that Dr. Shaw has gone to meet his father and mother who are returning from the mission field in India.

'12. Sympathy is extended to B. D. Norwood upon the death of his mother.

'06. I. P. Withington is also receiving condolences upon the death of his mother, at the age of ninety-three.

'15. E. G. McCollum has been appointed one of Dr. Loizeaux's assistants in the Department of Obstetrics.

'02. A. H. Richardson is receiving congratulations upon his appointment to the Eye, Ear, Nose and Throat Clinic of the Mountain Side Hospital of Montclair, N. J.

'15. A. T. Lipphard spent three months at the Miner's Hospital, Crosby, Minn., and is now back at the Metropolitan Hospital.

AN INVALID'S REQUEST.

When I am ill and sore beset
With all the aches that flesh is heir to,
When I must lie in bed and fret
And swallow dose I do not care to.
When on the table standing near
Are powders, capsules, pills in dozens,
I have no great desire to hear
Of something that relieved your cousins.

When as you sit beside my bed
A violent coughing fit attacks me,
And my pale cheeks turn fiery red
And you behold how sore it racks me,
In silence let me cough it out,
In silence even let me smother,
That's preferable, beyond a doubt,
To being told what cured your brother.

If you can tell with just a glance
(For all my symptoms plainly show it)
That my disease removed your aunts,
Just pass it by. Don't let me know it.
Just bear in mind, I couldn't hope
By passing up my daily rations
To swallow all the kinds of dope
That cured your friends and their relations.

—*Edgar A. Guest, in Detroit Free Press.*